

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044722

Entity Name: PHYSICIAN'S ADVOCATE, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

4204 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

4204 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMAN, ROBERT L DR.
11880 NW 11TH COURT
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BERMAN, ROBERT L DR.
Address: 11880 NW 11TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR (X) Delete
Name: MCBEAN, TONY
Address: 18115 NW 15TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DR. ROBERT L. BERMAN

PRES

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date